

CRITERIA FOR PRIOR AUTHORIZATION

Ninlaro® (ixazomib)

PROVIDER GROUP Pharmacy
Professional

MANUAL GUIDELINES The following drug requires prior authorization:
Ixazomib (Ninlaro)

CRITERIA FOR PRIOR AUTHORIZATION FOR IXAZOMIB: (must meet all of the following)

- Patient must have a diagnosis of multiple myeloma (MM)
- Patient must have received at least 1 prior therapy
- Must be used in combination with lenalidomide and dexamethasone
- Patient must be 18 years of age or older
- Must be prescribed by, or in consultation with, an oncologist or hematologist
- Patient must not be on concurrent strong CYP3A inducers
- Patient must not be pregnant or breastfeeding

LENGTH OF APPROVAL: 12 months

Notes:

- Ninlaro is dosed on Days 1, 8, and 15 of a 28-day cycle
- Males and females must be using effective contraceptive measures
- Prior therapy does not specify outcome of previous treatment